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Robert Moser, MD, Secretary

Sam Brownback, Governor

Drug Utilization Review Board Meeting
Meeting Agenda, Open Session
July 11, 2012 10:00 a.m.

HP Enterprise Services ~ Capital Room
6700 SW Topeka Blvd, Bldg. 283 J, Topeka, Kansas 66619

Board Members

Dennis Grauer, PhD
John Kollhoff, PharmD
Daniel Sutherland, RPh
Roger Unruh, DO
Tim Heston, DO
Judy McDaniel Dowd, PA-C
Kevin Waite, PharmD

KDHE-DHCF Staff

Shelly Liby
Shea Robinson
Kelley Melton, PharmD

HP Enterprise Services / HID Staff

Karen Kluczykowski, RPh
Lisa Todd, RPh
Debra Quintanilla, RN
Nicole Churchwell, PharmD

ACS Staff

Larry Dent, PharmD, BCPS
Bethany Noble, CPhT

I. Call to Order

II. Announcements

III. Old Business

A. Review and Approval of April 11, 2011 Meeting Minutes

B. Update on Implementation of New Limits

IV. New Business

A. Topical Acne Medications (Fabior® (tazarotene))

Fabior Foam 0.1% is a new formulation of tazarotene, a topical retinoid, indicated for the topical treatment of acne vulgaris in patients 12 years of age or older. The prior authorization criteria for acne medications were last approved by the DUR board in June 2011. It is recommended that Fabior be added to the current criteria.

i. Revised Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

B. Synagis® (palivizumab)

Synagis is a synthetic antibody indicated for prophylaxis of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in children at high risk of RSV disease. The Synagis prior authorization criteria were last updated by the DUR board in July 2009, before the 2009 – 2010 RSV season. To reflect recommendations from the American Academy of Pediatrics (AAP) and CDC information on the RSV season in Kansas and Region 7, it is recommended that Synagis prior authorization criteria be revised to include the current recommendations.

i. Revised Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

Continued

C. Transmucosal Immediate-Release Fentanyl (TIRF) products (Subsys® (fentanyl sublingual spray))

Subsys is a new transmucosal immediate-release fentanyl product indicated for the management of breakthrough pain in patients who are 18 years of age or older, have a diagnosis of malignant cancer, and are already receiving and are tolerant to around-the-clock opioid therapy. Subsys must be prescribed by an oncologist or pain specialist and the prescriber, patient, and pharmacy must be enrolled in the TIRF REMS Access program. Patients should use no more than 2 units per episode of breakthrough pain and should not exceed 4 episode treatments per day for a maximum of 8 units per day. The DUR board last approved the TIRF prior authorization criteria in October 2011. The recommendation is to add Subsys to the TIRF prior authorization criteria.

i. Revised Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

D. Firazyr® (icatibant)

Firazyr is bradykinin B2 receptor antagonist indicated for the treatment of acute attacks of hereditary angioedema (HAE) in adults 18 years of age and older. Other drugs used for HAE have approved prior authorization criteria, including Kalbitor (a plasma kallikrein inhibitor), Berinert and Cinryze (both C1 esterase inhibitors). It is recommended that prior authorization criteria be approved for Firazyr.

i. Proposed Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

E. Kuvan® (sapropterin)

Kuvan is indicated for treatment of phenylketonuria (PKU) in conjunction with a phenylalanine-restricted diet. PKU is an inborn condition that leads to hyperphenylalaninemia resulting in decreased intelligence and a decreased ability to focus, remember, and organize information. Kuvan works by replacing tetrahydrobiopterin (BH4), a cofactor for phenylalanine hydroxylase, resulting in decreased phenylalanine levels. Due to off-label use, it is recommended that prior authorization criteria be approved for Kuvan.

i. Proposed Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

F. Victrelis® (boceprevir)

Victrelis is a Hepatitis C virus (HCV) NS3/4A protease inhibitor indicated, in combination with peginterferon and ribavirin, for the treatment of chronic hepatitis C genotype 1 infection in patients who are 18 years of age or older with compensated liver disease, including cirrhosis, who are previously untreated or who have failed previous interferon and ribavirin therapy. To ensure safe and appropriate use, it is recommended that prior authorization criteria be approved for Victrelis.

i. Proposed Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

G. Incivek® (telaprevir)

Incivek is a Hepatitis C virus (HCV) NS3/4A protease inhibitor indicated, in combination with peginterferon and ribavirin, for the treatment of chronic hepatitis C genotype 1 infection in patients who are 18 years of age or older with compensated liver disease, including cirrhosis, who are treatment-naïve or who have been previously treated with interferon-based treatment, including prior null responders, partial responders, and relapsers. To ensure safe and appropriate use, it is recommended that prior authorization criteria be approved for Incivek.

i. Proposed Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

H. Short-Acting Opioids Quantity Limits

When opioid therapy is warranted in patients with chronic pain, it is typically recommended that a long-acting agent be used for baseline analgesia and a short-acting opioid be used for breakthrough or incident pain. Patients using opioid therapy long-term should be monitored closely for efficacy, tolerability, and appropriate use. In an effort to promote appropriate prescribing, monitoring, and utilization of opioid agents, limitations were placed on long-acting opioids to limit the number of units per day a patient can receive without a prior authorization. A quantity limit for patients using long-term short-acting opioids is being proposed to work in conjunction with the current limitations on long-acting opioids. Patients filling prescriptions for more than 180 units of hydrocodone, oxycodone, morphine, and/or oxymorphone-containing products in 45 days (4 units per day) will require a prior authorization. Quantities lower than 180 units in 45 days will not be affected by this limit.

i. Proposed Quantity Limit and Prior Authorization Criteria
ii. *Public Comment
iii. Board Discussion

I. Retro-DUR Intervention Topic Selections

Health Information Designs (HID) will present Retro-DUR intervention topics for State Fiscal Year 2013. A total of 5 topics must be chosen for the year.

i. Retro-DUR Outcomes Report
ii. Board Discussion

V. *Open Public Comment

VI. Adjourn

Lunch will be provided for DUR Board Members.
NEXT MEETING: October 10, 2012

*Public Comment is limited to five minutes per product; additional time will be allowed at the Board's discretion. Informal comments will be accepted from members of the audience at various points in the agenda.

**** This agenda is subject to change.**